

CLAIMS ONLY						Application Number <i>10 774 053</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10	1						
11		1					
12			1				
13				1			
14					1		
15						1	
16							1
17							
18							
19	1						
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32		1					
33			1				
34				1			
35	1						
36			1				
37				1			
38					1		
39						1	
40							1
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total							
Indep							
Total							
Depend							
Total							
Claims							